Address to:

Alexandria, VA 22313-1450

## 02-02-05

KCE/21W PTO/SB/30 (09-04)

019281-000800US

## Request 09/687,157 **Application Number** for Filing Date October 12, 2000 Continued Examination (RCE) First Named Inventor **Transmittal** Sie, John J. 2124 Art Unit MAIL STOP: RCE Commissioner for Patents **Examiner Name** Khatri, Anil P.O. Box 1450

**Attorney Docket Number** 

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

	ittoo to an	e usp	TO) on page 2.		
Submission required under 37 CFR 1.114 Note: If the RCE is parendments enclosed with the RCE will be entered in the order in which applicant does not wish to have any previously filed unentered amendment amendment(s).	they were	e filed	unless applica	nt instructs otherwise. If	
<ul> <li>a. Previously submitted. If a final Office action is outstanding, any considered as a submission even if this box is not checked.</li> </ul>	/ amendn	nents	filed after the fi	nal Office action may be	
i. Consider the arguments in the Appeal Brief or Reply Brief	previous	sly filed	d on		
ii. Other					
b. 🗵 Enclosed					
i. 🛛 Amendment/Reply · iii		rmatic	n Disclosure	Statement (IDS)	
ii. Affidavit(s)/ Declaration(s) iv.	Othe	er <u>1 N</u>	Ion-Patent Lite	rature Document	
2. (Miscellaneous)					
a. Suspension of action on the above-identified application is requ period ofmonths. (Period of suspension shall not exceed 3 m					ŀ
b. Other Return Receipt Postcard			<u>.                                    </u>		
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.1	14 when	the R0	CE is filed.		
a.  The Director is hereby authorized to charge the following for Deposit Account No. <u>20-1430</u> . I have					
i. 🔀 RCE fee required under 37 CFR 1.17(e)	ŧ		•		8715
ii. Extension of time fee (37 CFR 1.136 and 1.17)	£		C:1801	790.00 DA	
iii.					
			· ·		
b. Check in the amount of \$	·	enclos	ed		
		enclos	ed		
b. Check in the amount of \$				n this form. Provide credit ca	ard
b. Check in the amount of \$  c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information	tion shou	ıld not	be included or	n this form. Provide credit ca	ard
b. Check in the amount of \$  c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information and authorization of PTO-2038.	tion shou	ıld not	be included o	n this form. Provide credit ca	ard
b. Check in the amount of \$  c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information and authorization of PTO-2038.  SIGNATURE OF APPLICANT, ATTORNE	tion shou	GENT Date	be included o		ard
b. Check in the amount of \$  c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information and authorization of PTO-2038.  SIGNATURE OF APPLICANT, ATTORNE	tion shou	GENT Date	be included or REQUIRED	January 31, 2005	ird
b. Check in the amount of \$  c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information and authorization of PTO-2038.  SIGNATURE OF APPLICANT, ATTORNE  Signature  Name (Print /Type) Thomas D. Franklin	tion shou	GENT Date	be included or REQUIRED	January 31, 2005	ird
b. Check in the amount of \$  c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card informatinformation and authorization of PTO-2038.  SIGNATURE OF APPLICANT, ATTORNE  Signature  Name (Print /Type) Thomas D. Franklin  CERTIFICATE OF MAILING OR	Y, OR AC	Date Reg	be included or REQUIRED  istration No.	January 31, 2005 43,616  ffice to Address* service under 37	
b. Check in the amount of \$  c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information and authorization of PTO-2038.  SIGNATURE OF APPLICANT, ATTORNE  Signature  Name (Print /Type) Thomas D. Franklin  CERTIFICATE OF MAILING OR  Express Mail Label: EV 470922016 US7  I hereby certify that this correspondence is being deposited with the United States Postar	Y, OR AC	Date Reg	be included or REQUIRED  istration No.	January 31, 2005 43,616  ffice to Address* service under 37	

Effective E	ve on 12/08/2004.			Comple	ete if Known	
Fees purse nt to the Consolida	ated Appropriations Act, 200		Application Num	00,100		
For FY 2005		Filing Date	-	October 12, 2000 Sie, John J. Khatri, Anil		
		First Named Inve				
			Examiner Name			
Applicant claims small e	ntity status. See 37 CF	R 1.27	Art Unit	2124		
TOTAL AMOUNT OF PAY	MENT (\$) 790	ľ	Attorney Docket	No. 01928	1-000800US	
METHOD OF PAYMENT	(check all that apply	/)				
	Card Money Ord		Other (pl	ease identify):	<u> </u>	
Deposit Account		20-1430	_	_	end and Townsei	nd and Crow I
	ntified deposit account, t					nu anu crew L
<u> </u>	i) indicated below	THE DIRECTOR IS THE			ed below, except	for the filing
— Charge any a	additional fee(s) or und R 1.16 and 1.17	lernavments of		ge ree(s) muicar	ed Delow, except	for the ining
				it any overpayr		
WARNING: Information on this information and authorization		. Credit card info	rmation should no	t be included on	this form. Provide	credit card
FEE CALCULATION						
1. BASIC FILING, SEAF						•
	FILING FEES Small Entity		RCH FEES Small Entity		TION FEES	· ·
<b>Application Type</b>	Fee (\$) Fee (\$)		\$) Fee (\$)	Fee (\$) F		Fees Paid (\$
Utility	300 150	500	250	200	100	
Design	200 100	100	50	130	65	
Plant	200 100	300	150	160	80	
Reissue	300 150	500	250	600	300	
Provisional	200 100	. 0	0	0	0	
2. EXCESS CLAIM FEE	S					<u>Small</u>
Fee Description Each claim over 20 or, for	or Reissues, each cla	im over 20 and	l more than in	the original pa	itent	Fee (\$) Fo
Each independent claim	over 3 or, for Reissu					t 200 1
Multiple dependent clair		'an (A) = ===	. D-14 (A)	Sauldinia D	d 4 Olo i	360 1
Total Claims -20 or HP =		<u>ee (\$)                                    </u>	e Paid (\$)	Multiple D	ependent Claims Fee Paid (	-
HP = highest number of total cla	ims paid for, if greater than					
Indep. Claims	Extra Claims F		Paid (\$)			
HP = highest number of indepen						
3. APPLICATION SIZE		•				
If the specification and						5 for small e
Total Sheets	50 sheets or fraction to Extra Sheets		5 U.S.C. 41(a) ch additional 50			Fee Paid
	/ 50 =					=
4. OTHER FEE(S)			-			Face Bair
` '	fication, \$130 fee (	(no small antit	v discount)			Fees Paid
		•	y discount)			
Other: Request fo	or Continued Examina	ation (RCE)				790
SUBMITTED BY	$\rightarrow$					
	<del></del>				1	
Signature	)		Registration No. (Attorney/Agent)	43,616	Telephone	303-571-40